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#3

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09 / 661,489
Filing Date	14-Sep-2000
First Named Inventor	Margaret Motamed
Title	Method and System for Merging Scan Files into a Color Workflow
Group Art Unit	2624
Examiner Name	GABRIEL I. GARCIA
Attorney Docket Number	EFIM0215

I hereby appoint:

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OR

Practitioner(s) named below:

Name	Registration Number
James Trosino	39,862
James L. Etheridge	37,614

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

Firm or Individual Name James Trosino

Address One Sansome Street

Address Suite 2000, #20003

City San Francisco State CA Zip 94104

Country U.S.A.

Telephone (650) 357-3997 Fax (650) 357-3776

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JUN 24 2002

Technology Center 2600

SIGNATURE of Applicant or Assignee of Record

Name Electronics for Imaging, Inc.

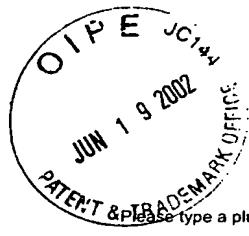
Signature

Date 13-Jun-2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

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PTO/SB/82 (10-00)

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09 / 661,489
Filing Date	14-Sep-2000
First Named Inventor	Margaret Motamed
Group Art Unit	2624
Examiner Name	GABRIEL I. GARCIA
Attorney Docket Number	EFIM0215

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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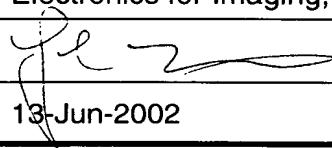
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Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

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SIGNATURE of Applicant or Assignee of Record

Name Electronics for Imaging, Inc.

Signature 

Date 13-Jun-2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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2624

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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09 / 661,489
		Filing Date	14-Sep-2000
		First Named Inventor	Margaret Motamed
		Group Art Unit	2624
		Examiner Name	GABRIEL I. GARCIA
Total Number of Pages in This Submission	5	Attorney Docket Number	EFIM0215

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Revocation of Power of Attorney
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	3. Rule 3.73(b) Statement
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	4. Return Postcard
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		RECEIVED

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	James Trosino
Signature	
Date	13-Jun-2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

13-Jun-2002

Typed or printed name	James Trosino
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